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PTO/SB/82 (10-00)

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<b>Application Number</b>	09/921,365
<b>Filing Date</b>	August 2, 2001
<b>First Named Inventor</b>	Joseph A. Sniadach
<b>Group Art Unit</b>	3761
<b>Examiner Name</b>	Not Known
<b>Attorney Docket Number</b>	21242-PA

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application.

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☐ Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**Signature of Applicant or Assignee of Record**

Name

**JOSEPH A. SNIADACH**

Signature

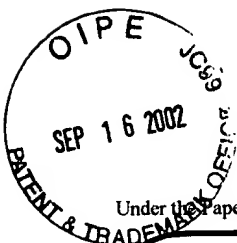
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8/28/02

NOTE: Signatures of all the inventors or assignee of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

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AUTHORIZATION OF AGENT**

<b>Application Number</b>	09/921,365
<b>Filing Date</b>	August 2, 2001
<b>First Named Inventor</b>	Joseph A. Sniadach
<b>Title:</b> DOUBLE BARREL VENTILATION MASK FOR A PATIENT	
<b>Group Art Unit</b>	3761
<b>Examiner Name</b>	Not Known
<b>Attorney Docket Number</b>	21242-PA

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Name	Registration Number
J. Bruce Hoofnagle	20,973

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

**Signature of Applicant or Assignee of Record**

**Name** JOSEPH A. SNIADACH

**Signature**

**Date** 8/28/02

NOTE: Signatures of all the inventors or assignee of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

\* Total of 1 forms are submitted.

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